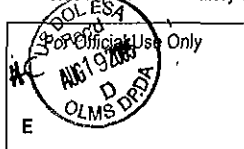


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>14073</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>THOMAS DANESE</b>  P.O. Box, Bldg., Room No., if any  Street <b>219 FAIRHILL ROAD</b>  City <b>MORTON</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19070</b>	4. Name, file number, and address of labor organization. Name <b>IUOE LOCAL 542</b> Labor Organization File Number <b>038130</b>  P.O. Box, Building and Room Number, if any <b>SUITE 100</b>  Street <b>1375 VIRGINIA DRIVE</b>  City <b>FT WASHINGTON</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19034</b>
5. Position in labor organization. <b>RECORDING SECRETARY</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas P. Danese</u>	On <u>8/11/05</u> Date <u>610-328-1322</u> Telephone Number

Name of Person Filing <b>THOMAS DANESE</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>IUOE Welfare FUND OF EASTERN PA AND DELAWARE</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITIE 102</b></p> <p>Street <b>1375 VIRGINIA DRIVE</b></p> <p>City <b>FT WASHINGTON</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>19034</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><b>TRUSTEE OF IUOE LOCAL 542 WELFARE FUND</b></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT EDUCATIONAL CONFERENCES/SEMINARS 11/04</b></p>
	<p>12.b. Amount. <span style="float: right;"><b>\$2,438</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name Wachovia Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 7th Floor  Street 123 South Broad Street  City Philadelphia  State Pennsylvania ZIP Code + 4 19109	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> WACHOVIA BANK PROVIDES CUSTODIAL BANKING SERVICES TO THE IUOE 542 WELFARE FUND
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b> FOUR TICKETS- ICE SHOW
<b>12.b. Amount.</b> \$202	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name THE UNION LABOR LIFE INSURANCE COMPANY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 215  Street 700 EAST GATE DRIVE  City MOUNT LAUREL  State New Jersey ZIP Code + 4 08054	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>11.a. Nature of such dealing.</b>  ULICO PROVIDES INSURANCE SERVICES TO IUOE LOCAL 542 WELFARE FUND
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b>  BUSINESS LUNCH 12/15/04
<b>12.b. Amount.</b> \$34	